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Appli	cation Da	ıla Sı	ileet 37	CFR	1.70	Applica	tion N	umbe	r			
Title of	Invention	FLY	BACK CC	NVER	TER							
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Applica	FR 1.76	Attorney Docket Number Application Number			NL 040379									
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Title of Invention FLYBACK CONVERTER														
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Mailing A	ddress of Ap	plicant:												
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Applica	tion Infor	mation:												
Title of th	e Invention	FLYBA	CK CONVE	RTER										
Attorney Docket Number NL 040379					mall Ent	Entity Status Claimed								
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Application Data	a She	et 37 CFR 1.76		ocket Number	NL 040379	NL 040379				
			Application	Number						
Title of Invention	FLYBA	ACK CONVERTER								
Publication Informa	ation:									
Request Early Publication (Fee required at time of Request 37 CFR 1.219)										
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.										
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Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.										
Please Select One:	(Customer Number	Us	Patent Practition	er U	S Representat	ative (37 CFR 11.9)			
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Application Num	ber	Continuity ⁻	Гуре	Prior Applicat	ion Number	Filing Da	te (YYYY-MM-DD)			
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Assignee 1						Rer	nove			
If the Assignee is an	Orgar	nization check here.	√							

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Application Da	ta Sheet 37 CFR 1.76	Attorney Docket Number	NL 040379					
Application Da	ita Sileet 37 Cl K 1.70	Application Number						
Title of Invention	FLYBACK CONVERTER							
Organization Name	KONINKLIJKE PHILIPS	ELECTRONICS, N.V.						
Mailing Address I	nformation:							
Address 1	GROENEWOUDSE	GROENEWOUDSEWEG 1						
Address 2								
City	EINDHOVEN	State/Provir	nce					
Country NL	•	Postal Code	5621 BA					
Phone Number		Fax Number						
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Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.										
Signature	/Michael E. Marion/			Date (YYYY-MM-DD)	2006-09-29					
First Name	Michael E.	Last Name	Marion	Registration Number	32,266					

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